

FOR COURT USE ONLY

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

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Nexus Bankruptcy
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Debtor(s) appearing without an attorney
 Attorney for Debtor(s)

**United States Bankruptcy Court
Central District of California - Riverside Division**

In re: Joseph Duaine Vargas	CASE NO.: CHAPTER: 7
DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
Debtor(s).	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

I was not paid by an employer because I was either self-employed only, or not employed.

Date: 10/27/2023

Joseph Duaine Vargas

Printed name of Debtor 1



Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

I was not paid by an employer because I was either self-employed only, or not employed.

Date _____

Printed name of Debtor 2

Signature of Debtor 2

STATE OF CALIFORNIA

DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
09-231842

AMOUNT DEPOSITED

DOLLARS	CENTS
\$ * 3403	33

TO J D VARGAS

291-263
AGENCY UNIT

*NOT
NEGOTIABLE*



MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA
J D VARGAS

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

AGY/UNIT 291-263 PAY PERIOD 08/23
TAX YEAR 23 ISSUE DATE 09/01/23

SOC SEC NO 3500
DIRECT DEP # 09-231842
BANK TRANSIT [REDACTED]

ST	S00	FD	S	OTHIN	0.00	DED	0.00	DEP	0.00
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	GROSS PAY		TAXABLE GROSS		DEDUCTIONS		NET PAY	
CURRENT	5059.00		4415.35		1655.67		3403.33	
YEAR-TO-DATE ¹	39332.50							

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
REGULAR			5059.00	FEDERAL TAX STATE TAX *RETIREMENT *OPEB SOC SEC MEDICARE CASDI *BLUSHLDTRI *PREMACCESS VISION-VSP SEIU1000D *VSPPREMIER ARAG GROUP	373.01 140.37 386.41 177.07 297.71 69.63 43.22 71.71 .00 .00 77.89 8.46 10.19

EMPLOYER CONTRIBUTIONS (current and adjustments)

RETIREMNT	SOC	SEC	HLTH/FLEX
1618.88	297.71		702.93
MEDICARE	VISION		OPEB
69.63	8.27		177.07

7/23 BEGIN	BAL	CREDIT	USED	MISC	8/23 BEGIN
ANNUAL	46.00	11.00	16.00	0.00	41.00
SICK LV	40.00	0.00	0.00	0.00	40.00
PH		WAITING	PERIOD ENDS	07/16/23	
TRNG/DEV	0.00	0.00	13.00	0.00	13.00

*THE ANNUAL OPEN ENROLLMENT PERIOD IS 9/18-10/13/23. CONTACT YOUR EMPLOYER TO ENROLL OR MAKE CHANGES TO HEALTH, DENTAL, FLEXSELECT, COBEN, AND GROUP LEGAL PROGRAMS. SHOP FOR HEALTH PLANS AT MY.CALPERS.CA.GOV. FOR PREMIER VISION CHANGES AND INFORMATION, CONTACT VSP AT STATEOFCAEMPLOYEE.VSPFORME.COM OR CALL 800-400-4569.

*IN CALIFIRNIA, IT'S IMPORTANT TO LOOK OUT FOR EACH OTHER. GET YOUR VACCINES, FLU, COVID-19, AND RSV FOR THOSE ELIGIBLE. VISIT YOUR DOCTOR OR MYTURN.CA.GOV TO GET VACCINATED TODAY.

CD 39A (Rev 08/00)¹ Year-to-date gross on final earnings statement may not agree with W-2.

* Amounts which affect taxable gross

STATE OF CALIFORNIA

DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
09-598218

AMOUNT DEPOSITED

DOLLARS	CENTS
\$ *** 31	.42

TO J D VARGAS

291-263
AGENCY UNIT

*NOT
NEGOTIABLE*



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STATE OF CALIFORNIA
J D VARGAS

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

AGY/UNIT 291-263 PAY PERIOD 08/23

SOC SEC NO 3500

TAX YEAR 23 ISSUE DATE 09/19/23

DIRECT DEP # 09-598218

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

BANK TRANSIT [REDACTED]

GROSS PAY TAXABLE GROSS DEDUCTIONS NET PAY

CURRENT	50.00	50.00	18.58	31.42
YEAR-TO-DATE ¹	39382.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
TELEWRK REM			50.00	FEDERAL TAX STATE TAX SOC SEC MEDICARE CASDI	11.00 3.30 3.10 .73 .45

EMPLOYER CONTRIBUTIONS (current and adjustments)

SOC	SEC	MEDICARE
3.10		.73

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CD 39A (Rev 08/00)¹ Year-to-date gross on final earnings statement may not agree with W-2.

* Amounts which affect taxable gross

STATE OF CALIFORNIA

DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
09-744106

AMOUNT DEPOSITED

DOLLARS	CENTS
\$ * 3398	33

TO J D VARGAS

291-263
AGENCY UNIT

*NOT
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STATE OF CALIFORNIA
J D VARGAS

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

AGY/UNIT 291-263 PAY PERIOD 09/23

SOC SEC NO 3500

TAX YEAR 23 ISSUE DATE 10/01/23

DIRECT DEP # 09-744106

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

BANK TRANSIT [REDACTED]

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	5059.00	4415.35	1660.67	3398.33
YEAR-TO-DATE ¹	44441.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
REGULAR			5059.00	FEDERAL TAX STATE TAX *RETIREMENT *OPEB SOC SEC MEDICARE CASDI *BLUSHLDTRI *PREMACCESS VISION-VSP SEIU1000D CSEA ADD ARAG GROUP *VSPPREMIER	373.01 140.37 386.41 177.07 297.71 69.63 43.22 71.71 .00 .00 77.89 5.00 10.19 8.46

EMPLOYER CONTRIBUTIONS (current and adjustments)

RETIREMNT	SOC SEC	HLTH/FLEX
1618.88	297.71	702.93
MEDICARE	VISION	OPEB
69.63	8.27	177.07

8/23 BEGIN	BAL	CREDIT	USED	MISC	9/23 BEGIN
ANNUAL	41.00	11.00	9.50	0.00	42.50
SICK LV	40.00	0.00	0.00	0.00	40.00
PH	1.00	0.00	0.00	0.00	1.00
TRNG/DEV	13.00	0.00	0.00	0.00	13.00
					UNITS

*SCO ENCOURAGES YOU TO SIGN UP FOR DIRECT DEPOSIT,
A QUICK AND EASY WAY TO ACCESS YOUR MONEY.
SIGN UP TODAY AT SCO.CA.GOV/PPSD_SE_DIRECT_DEPOSIT.HTML

STATE OF CALIFORNIA
DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
05-009429

AMOUNT DEPOSITED

DOLLARS	CENTS
\$ *** 31	42

TO J D VARGAS

291-263
AGENCY UNIT

*NOT
NEGOTIABLE*



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STATE OF CALIFORNIA
J D VARGAS

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

AGY/UNIT 291-263 PAY PERIOD 09/23

SOC SEC NO 3500

TAX YEAR 23 ISSUE DATE 10/10/23

DIRECT DEP # 05-009429

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

BANK TRANSIT [REDACTED]

GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT 50.00	50.00	18.58	31.42
YEAR-TO-DATE ¹ 44491.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
TELEWRK REM			50.00		
				FEDERAL TAX 11.00	
				STATE TAX 3.30	
				SOC SEC 3.10	
				MEDICARE .73	
				CASDI .45	

EMPLOYER CONTRIBUTIONS (current and adjustments)

SOC	SEC	MEDICARE
3.10		.73

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